



Challenge TB - Ethiopia

**Year 1
Monitoring Report
October 2014 - March 2015**

Submission date: April 30, 2015

Challenge TB Year 1 Quarterly Report

Country: Ethiopia
Lead partner: KNCV

Reporting period: October 2014 - March 2015
Other partners: MSH WHO

Most Significant Achievements:

Challenge TB:

Support was provided to the successful organization of the 10th annual national TB research conference (TRAC) from March 21 - 23, 2015 at Adama town (Ormiya region). More than 60 abstracts were presented and discussed including oral and poster presentations by some of the OR teams supported under CARE I in the Ethiopian OR capacity-building initiative.

Challenge TB, in collaboration with NTP, sponsored and organized a satellite symposium on March 21, 2015 to finalize the national childhood TB roadmap participation of all program staff and regional bureau heads, representing the Ethiopian pediatric society, key partners and university staff. In addition, on April 6, 2015 the national TWG of IMNCI / MoH started revising the national IMNCI document and invited the task force on childhood TB (of which the Challenge TB focal person is the secretary) to advise on issues related to childhood TB. A final revised IMNCI is expected in May 2015 that addresses child care in the management algorithm of pneumonia and malnutrition in children at the clinical level.

During TRAC a second side meeting was supported by Challenge TB on "Priorities in Operational Research to Improve Tuberculosis Care and Control in Ethiopia". During this meeting, the existing list of OR priorities as outlined in the TB roadmap was discussed and additional topics identified. In addition to these, during the TRAC meeting additional priority OR topics were identified. Using the identified additional priorities a TRAC subteam will revise the priority list which will then subsequently be endorsed by the Federal Ministry of Health.

TB CARE I round up activities: On February 18, 2015, a half-day event was successfully organized to commemorate the closure of TB CARE I, the launch of Challenge TB and have at the same time an inauguration ceremony of the renovated TB culture lab and out-patient department for MDR-TB services at A and St Peter hospitals. Higher officials from the Ministry of Health, USAID Mission Director, CEO of ALERT and St Peter hospitals and invited guests attended whereby the facilities were formally handed over to the FMOH. Press coverage of this event was shared widely by KNCV, USAID and other channels. (please see photo album).

Technical and administrative challenges:

Administrative challenges: Approval for the APA1 workplan was received on February 27th meaning there was only 1 month left in Q1. The upcoming national election could be a potential threat for delay in the implementation of activities.

Technical challenges: No challenges at the moment as we are in the start-up phase and key activities are recruitment of new staff and setting up of subnational (regional) offices.

Challenge TB Quarterly Report - Success Story

Country:	Ethiopia	Reporting period:	October 2014 - March 2015
Lead partner:	KNCV	Other partners:	MSH WHO

Planned Success Story Idea for Year 1

The finalization of a childhood TB roadmap and the inclusion of childhood TB in the national IMNCI document and the planned pilot for implementation of integrated childhood TB management could be a good candidate.

The success story falls under which sub-objective?

4. Targeted screening for active TB

The success story falls under which intervention area?

4.2. TB social determinants identified, appropriate interventions designed, implemented and monitored

Status update of the success story

Sub-objective:		2. Comprehensive, high quality diagnostics							
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met?	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	
2.1. Access to quality TB diagnosis ensured	Enhance LED microscopy utilization in high volume health facilities in the two regions (PEPFAR)	2.1.1		Order for microscopes placed; integrated assessment tool developed	Situation assessment/ improvement plan written and approved by RHB	Microscope s installed and on site training conducted	1. PR for the procurement of LED FM made, order placed 2. Draft assessment tool developed	Partially	The lab advisor for SNNPR was hired on March 16, 2015 upon securing approval of workplan. This delayed start of activities.

2.2. EQA network for lab diagnostics & services functioning	Decentralize EQA in the two regions	2.2.1		Integrated lab assessment tool developed	Situation assessment report written and Stakeholder meetings held	Decentralization plan developed	Draft assessment tool developed	Partially	Same as above
2.4. Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations	Improve utilization of Xpert technology in the two regions (PEPFAR)	2.4.1		Integrated lab assessment tool developed	Situation assessment/ of Xpert utilization and C/dst capacity and Improvement plan written	Workshop held	Draft assessment tool developed	Partially	Same as above
2.6. Expedient laboratory specimen transport and results feedback system operational	Enhance coverage of specimen transport system to underserved clinics in the two regions	2.6.1		Integrated lab assessment tool developed	Situation assessment/ improvement plan written and Improvement plan implemented	Improvement plan evaluated	Draft assessment tool developed	Partially	Same as above

Sub-objective:		3. Patient-centered care and treatment								
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status		met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015			
3.1. Ensured intensified case finding for all risk groups by all care providers	Finalize childhood TB roadmap	3.1.1		Draft roadmap completed and Consultative meeting held	Roadmap and updated SOPs endorsed by TWG	Roadmap and updated SOPs (2000 copies) printed and distributed	Consultative meeting held to discuss the second draft roadmap during the TRAC conference on March 21st, suggestions for finalization collected. Follow up discussion held with task force of ministry. Endorsement expected in the next quarter (April-June).		Met	The TRAC meeting end March was used as opportunity to organize the consultative meeting.
	Adapt the existing CTBC strategy for the specific context (Agrarian, Urban, pastoralist) and address the implementation gaps	3.1.2		Desk review completed	Best practices assessed, stakeholders meeting held	Consultation meeting held	Discussion between Challenge TB local team and Dr. Netty Kamp started to define the ToR for desk review. The national CTBC strategic document which is in the local language was translated into English to facilitate the desk review process.		Partially	Late approval, and also the urban coordinator who is lead in this activity was engaged with recruitment of new staff which was prioritized.

3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers	Enhance linkage between TIC & TFC & community care in the two regions and with ALERT and ST Peter's as National MDR-XDR-TB CoE (PEPFAR)	3.2.1			Situation assesment report written; Needs & feasibiity assessment for CoE conducted	Best practices identified and aligned;	no milestone defined for quarter Jan-Mar		
	Ensure adequate patient support package in the two regions and at CoE (PEPFAR)	3.2.2			Focus Group Discussions held	Data review conducted	no milestone defined for quarter Jan-Mar		
	Establish and strengthen regional TB technical support teams including PMDT clinical teams in the two regions (PEPFAR)	3.2.3		Positions described and announced, WHO regional staff assigned.	Assessments conducted. Supportive supervision, mentorship and capacity building agreed and full staff complement contracted. Implementat ion strategy developed and key priority intervention s defined	Supportive supervision , mentorship and capacity building started. Priority interventio n started.	All technical positions were announced and first and second rounds of interviews held in March; For Tigray 2 positions were re-advertised as no good candidates were identified in the first round. The four WHO staff, 2 at central level and 2 in the regions, were already in place and have been added to the Challenge TB team and have been orientated on the Challenge TB workplan and what is expected from WHO	Met	

	Improve quality of TB services (PEPFAR)	3.2.4		Quality assessment tool and SOPs developed	Test the Qual-TB tool and SOPs for its use in routine supervision	Use final printed tool during joint supportive supervision /mentorship visits	Existing quality assessment tools of HEAL-TB and other countries obtained for review as a first step.	Not Met	A start was made but after internal consultation, it was decided to postpone development of the QUAL tool till after the regional baseline assessments.

Sub-objective: 4. Targeted screening for active TB

Sub-objective:	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially, Not Met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
4.1. Contact investigation implemented and monitored	Improve Contact Investigations (CI) according to 2011 national guidelines in the two regions and urban settings (PLHIV/children) (PEPFAR)	4.1.1		SOPs and tools adapted and aligned	SOPs and tools finalized, printed and distributed	Yield of CI monitored and evaluated	reviewed existing tools	Partially	The baseline assessment is expected to gain more insight to finalize the tool. We plan to pilot the updated tools in a selected sites in the regions.
	Provide IPT for <5 household contacts of bacteriologically confirmed index patients in the two regions (PEPFAR)	4.1.2			IPT provided to eligible children	IPT provided to eligible children	no milestone set for Jan-Mar		
4.2. TB social determinants identified, appropriate interventions designed, implemented and monitored	Develop ACF strategy and guide (PEPFAR)	4.2.1		Risk group tool exercise completed	Risk groups prioritized and stakeholders meeting held	ACF strategy and guide developed and endorsed	Draft tool available, discussions were held with NTP and they are very willing to work on this together.	Partially	Completion of risk tool needs to be done together with NTP and partners. Based on this risk groups can be prioritized and agreed upon in a stakeholders meeting. NTP indicated to call partners very soon for the development of the guiding document . Due to competing priorities this has not yet happened. Challenge TB team will follow up.
	Start implementation of integrated childhood TB management (PEPFAR)	4.2.2		10 sites selected	Refresher training and implementation and follow up supportive supervision of relevant clinic staff	Lessons learned; TB services integrated in MCH/child health clinics	subselection of 10 sites out of 20 earlier selected sites could not be completed.	Not Met	Waiting for the national IMNCI TWG to finalize the national IMNCI manual where childhood TB is integrated now. The childhood TB task force provided input for this and the final manual needs to be endorsed. This will be the right momentum to launch the pilot; also the urban TB advisor a pediatrician who will be leading this project started only on 15 April.

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Sub-objective: 10. Quality data, surveillance and M&E									
Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
10.1. Well functioning case or patient-based electronic recording and reporting system is in place	Improve data quality	10.1.1			eRR approach and costing implementation plan developed	eRR approach and costing implementation plan endorsed	no milestone set for Jan-Mar		
	Support data quality assessments in the two regions	10.1.2			Mentoring approach for zones developed	Pilot rapid DQA tool as part of routine supportive supervision	no milestone set for Jan-Mar		
10.2. Epidemiologic assessments conducted and results incorporated into	Support TB OR grant scheme	10.2.2		OR grant scheme call launched	OR grant scheme grantees selected	Report of OR team evaluation available	Draft call and launching document developed	Partially	Planned for next quarter, due to competing priority (Organizing TRAC conference)

national strategic plans	Support TRAC and promote conduct of OR and usage of results under TRAC	10.2.1		Annual TRAC conference supported, discussions on long-term OR strategy started	quarterly TRAC meeting held and GIS course attended	Updated OR Roadmap including research priorities with long term OR strategy developed to be endorsed in stakeholder meeting combined with scientific day, GIS course to share knowledge organized locally	The 10th annual TRAC conference held from 20-24 March was technically and financially supported. A side meeting was held during the TRAC conference to start discussions on long term OR strategy	Met	

Sub-objective: 11. Human resource development

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status	met? (Met, partially, Met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015		
11.1. Qualified staff available and supportive supervisory systems in place	Support FMOH HRD strategy through strengthening supportive supervision (PEPFAR)	11.1.1			Joint supportive supervision schedule agreed; TOT on IRT conducted	Joint supportive supervision conducted; TOT on HMIS conducted	no milestone set for Jan-Mar	Met	

Sub-objective: 12. Technical supervision

Intervention areas	Planned Key Activities for the Current Year	Activity number	Planned Milestones				Milestone status		met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
			Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015			
12.1. Technical supervision	Technical supervision	12.1.1								

Challenge TB Quarterly Report - Global Fund Engagement

Country Ethiopia Reporting period: October 2014 - March 2015

Current Global Fund TB Grants

Name (i.e. NFM 1)	Average rating*	Current rating	Total approved amount	Total dispersed to date
ETH-607-GO6-T	B1	N/A	USD 150.2 m	USD 101.8m

*Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Liquidation (i.e. the financial reporting on how the disbursed funds were used) has been a major problem in all regions of the country, FMOH reviewed the status and has called for an emergency sensitization meeting with all regions to campaign to liquidate in their respective region as soon as possible and before July 2015.

A contributing issue here is the different per diem rates between FMOH and partners leading to challenges in organizing trainings. It should be explored whether in Ethiopia like in several other countries one (government issued) per diem rates could be agreed upon and used by all.

Grant negotiation have been held in March and for the TB part they have been completed, for HIV there are some issues to be solved that will hopefully not delay grant signing.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Assessing opportunity through WHO (as its partner) to have input at the CCM; inclusion in the baseline assessment tools of inquiry into the status of GF supported activities in the two regions and bottlenecks related to GF supported activity implementation to plan possible interventions.

Challenge TB Quarterly Report - MDR-TB Update

Country	Ethiopia	Reporting period	October 2014 - March 2015
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MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010		114	There is a huge gap in obtaining reliable data, this has been discussed in March 2015 during the NTP mid-year review meeting. The main reasons suggested are that HCWs at HFs as well as program staff at district and zonal levels have poor knowledge on many of the TB indicators. Intensive trainings on M & E for health staffs and improved supportive supervision were discussed as the way forward. Need for partner support on this issue was also emphasized. The NTP is trying to verify why only 450 patients are reported to have been put on SLD while 715 MDR cases were diagnosed. Data quality issues outlined above are underlying this, the Challenge TB team will try to obtain as reliable as possible data contributing to national and regional data quality.
Total 2011		116	
Total 2012	284	289	
Total 2013	558	433	
Total 2014	577	598	
Jan-Mar 2015	715	450	
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Challenge TB-supported International Visits (technical and management-related trips)

Country		Ethiopia	Reporting period		October 2014 - March 2015							
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (pending or completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1												
2												
3												
4												
5												
6												
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8												
9												
10												
11												
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15												
16												
17												
18												
19												
20												
Total number of visits conducted (cumulative for fiscal year)												
Total number of visits planned in workplan												
Percent of planned international consultant visits conducted						#DIV/0!						

Quarterly Photos (as well as tables, charts and other relevant materials)

INAUGURATION event 18th Feb 2015 (more photos available)

For press coverage: <http://www.kncvtbc.org/inauguration-renovated-mdr-tb-facilities>



TRAC meeting and WTB celebrations



